

EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY U.S. ENVIRONMENTAL PROTECTION AGENCY		INSTRUCTIONS: If you received a preprinted label, fill it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transfer to the principal place of business. Please refer to the instructions for filing notification.	
III. LOCATION CITY OR TOWN: MARKHAM STATE: MD ZIP CODE: 20685	II. MAILING ADDRESS STREET OR ROUTE NUMBER: 355 NORTH GASTON AVE CITY OR TOWN: MARKHAM STATE: MD ZIP CODE: 20685	I. NAME OF INSTALLATION MARKHAM MOTORS, LTD.	IV. INSTALLATION CONTACT NAME AND TITLE (last, first, & job title): STEVE LARKENCE SVC MANAGER PHONE NO. (area code & no.): 201 685 0800
V. OWNERSHIP A. NAME OF INSTALLATION'S LEGAL OWNER: DAVID BATTEN B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M F = FEDERAL M = NON-FEDERAL C. TYPE OF TRANSPORTATION (enter "X" in the appropriate box(es)) A. GENERATION <input checked="" type="checkbox"/> X B. TREAT/STORE/DISPOSE <input type="checkbox"/> C. UNDERGROUND INJECTION <input type="checkbox"/>		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)) A. AIR <input type="checkbox"/> X B. HIGHWAY <input type="checkbox"/> C. WATER <input type="checkbox"/> D. OTHER (specify): SOMERSET	
VII. FIRST OR SUBSEQUENT NOTIFICATION A. FIRST NOTIFICATION <input checked="" type="checkbox"/> X B. SUBSEQUENT NOTIFICATION (complete item C) C. INSTALLATION'S EPA I.D. NO.:		VIII. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.	

SIGNATURE *[Signature]*

NAME & OFFICIAL TITLE (Type or print) *K. Residen*

DATE SIGNED *12/9/85*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

X. CERTIFICATION

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D004)

HAZARDOUS WASTE YOUR INSTALLATION HANDLES (See 40 CFR Parts 261.21 - 261.24)

48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.24 for each listed hazardous waste from hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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G. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.23 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

W
10 - FOR OFFICIAL USE ONLY

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 421, 401 East State Street
Trenton, New Jersey 08625-0421

U.S. EPA
REGION II
AGENCY
JUN 3 3 23
HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

"Request to Deactivate EPA ID Number"

EPA ID No. NJD 981 178 510

Company Name: Markham Motors, Ltd.

Site Address: 355 North Gaston Avenue Somerville
(street) (city / town)
New Jersey 03876
(state) (zip code) (lot) (block)

Mailing Address: 1250 Route 22 East Bridgewater
(street / p.o. box) (city / town)
New Jersey 03807
(state) (zip code)

Company Contact: William Waggoner (908) 686-0814
(name) (area code and phone number)

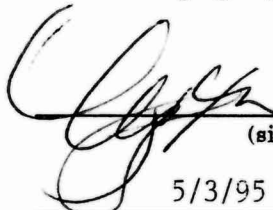
Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

- ☐ The EPA ID number was obtained for a one time cleanup which is completed.
- ☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).
- ☒ Other The company has ceased operations at this address.

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

William Waggoner
(printed name)
Service Director
(title)


(signature)
5/3/95
(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

MD. 6/5/95 LK - LNT